72

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		14035		CERTIFICAT	E OF	DEATH				1	461	35
1. P	LACE OF DEATH				2. US	UAL RESIDE	NCE (Where	deceased lived, If	institutions	Resident	e before e	dmission)
	. COUNTY					STATE		b. COUN	ITY			V .
	K	ent		MARYLAND			yland		- M		1 Ani	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)			c. 4	_		orporete limits, write	RURAL	nd give r	nearest tow	'n)		
	nesterte			13 days			rclay			_/_/	1 6	~
d	. NAME OF HOSPIT	AL OR INSTITUTION	(if not in hos	pitel, give street address)	d.	STREET ADDRES	is					ESIDENCE A FARM?
Ke	ent & Qu	een Anne	's He	spital							YES	
	NAME OF	First		Middle		Last	4. DAT	E Monti	1	Dey	Yee	
	Type or print)			11-7-3	AL 1-2		OF DEA	тн 12		21	10	61
_		Lou:		Holiday		nson, S	II.	9. AGE (In yeers			IF UNDER	
5. 3	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE			last birthdey)	Months	Deys	Hours	Min.
	Male	White	WIDOWE			12/94		67yrs.			F WHAT C	
		ON (Give kind of wor		IND OF BUSINESS OR INDU	STRY 11. B	IRTHPLACE (Co	ounty & Stele,	or foreign country)				OUNIKIT
		nd Truck:			M	arvlan	d		1	U.S.	. A .	
13.	FATHER'S NAME					THER'S MAIDE						
	Brad	ford Atk:	insen			Sarah	Jane	Holida	У			
15.		R IN U.S. ARMED FO			INFORM	IANT		Address				
(Yes	, no, or unkown) (If	yes give war or dates of	service)	10 2 - 0/6/3		77 A A	1.2	0 15		. \		
			de		Louis	H. At	Kinse	n,Sr.(P	atle:		PRIVAL BE	TAMEEN
			a cause per l	ine for (a), (b), end (c).]						ONSET AND DEATH		
	PART I. DEATI	H WAS CAUSED BY:	RAU	hable con	ma	Mun	who	in-		15	2ha	1
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Robable Coroman Thrombosin- DUE TO Conditions, If Bry, which (b) Caronay arterio selazorir.											
	Conditions, if any, which (b) Carnay arterio recent											
	geve rise to immedi- (e), steting the us	DUE TO										
	ceuse lest.	(c	1									
z	PART II. OTHER SIGNIFICANT CONDITIONS CONSCIRINITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY											
임	90	al all n	Atial	11/11/11/11/11	Hice	145					YES T	RMED?
5	Jenes	a company	L 20h DEC	CRIBE HOW INJURY OCCU	Enter of	natura of injury	in Part Lor Pa	ert II of item 1B.)				-
CERTIF	200. ACCIDENT WA	CAUSE OF DEATH		CKIBE HOW INJURY OCCU	KID. (Enter I	leidle of injury	III reil I OI re	ii ii or iieiii io.;				
ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
3	20c. TIME OF INJU	RY Month, Dey, Y	eer 20d.	INJURY OCCURRED 20e.	PLACE OF I	NJURY (Home, f	arm, 20f. (City or town)	(Co	unty)		(Stete)
MEDIC	Hour e.m.	11 A. T.	While et wor	THOI WILLIAM	factory, stree	et, office bldg.,	erc.)					
Σ	p.m.	19	1			•	Cal	17.2	1	11		
	21. I certify t	hat (1) (this hosp	ital) atten	ded the deceased fro	m.,		, 19	10. 12.3	./, 19	16/1	hat (I)	(we) last
	saw the deceas	ed alive on	2-3,	19.6/, and t	hat death	occured at	6. M, fi	rom the causes	and on	the da	are stare	d above.
	22e. SIGNATURE	1100/	1				1150	CTAFF			221	SIGNED
	70	Jul No	ten			ITENDING	MED. DIRECTOR	STAFF PHYS.				3101410
	22c. PHYSICIAN'S	0		1 -		d. ADDRESS	0 -	A 1		1	/	
	NAME (Type)	RoBe.	RT	W. FARE		\mathcal{C}	Kes	lectory	1,0	mo	۲,	
22	BURIAL, CREMATI	ION. 1 23b. DATE TH	EREOF	23c. NAME OF CEMETE	RY OR CRE	MATORY	23d. L	OCATION (City, to	wn or cou	nty)	(5	tete)
1 30	MEMOVAL (Specify)		7	1	Tom		10	B 7	4174		77	24
10	URIKI	1/0/6	_	CRUM PI	UN	1		Kumpi	01			/4
24	FUNERAL DIRECTOR	R'S SIGNATURE	./	ADDRESS	1.10-	25e.	JAN O		GISTRAR'S			
18	dan.	J. Jane	6	husch The	U	MA DATE	ANII S	02	arthu	7 8. 1	Trans	

J.C. TALOURS STATE TO THE STATE OF T Ladicach alema neem & Just Leuis Tolinson, Sr. 122 Lo 41,000 A Lasting all Market .K. E. U The Walter and Tour of the Headford actions, were the Canal Line Holiday to Santa Lie of comment of the contract of the co Produced tool of the season of Experience on the first and any the war of 13 -11 the said the first with the said the

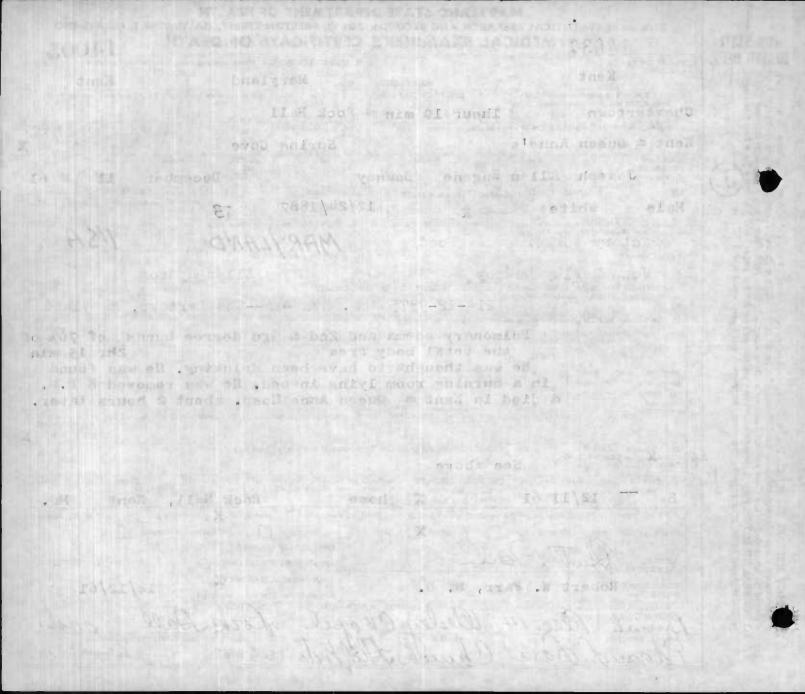
DIVISION

MA	ARYLAND STATE DEP	ARTMENT OF HEALT	H
OF STATISTICAL RE	SEARCH AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
14036	CERTIFICATE	OF DEATH	BALTIMORE 1, MARYLAND 14004

14036	Ttom & Film C30	12/29/61	mb		1.100.1
1. PLACE OF DEATH			JCE (Whara decease	d lived, If Institution	Residence before edmission)
*. COUNTY Kent	a. STATE Ma:	ryland	b. COUNTY	Kent	
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN	(If outside corporete	limits, write RURAL	end give nearest town)	
Chestertown	37 Cheste	rtown			
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
220 Wash. Ave.			sh. Ave.		YES NO
3. NAME OF DECEASED (Type or print) William No	orman Cooper	Lest	4. DATE OF DEATH	Dec. 1	5/67 19
		. DATE OF BIRTH 180	6 19. AG	E (In yeers IF UNDE	7
		Sept. 13. 18	977/ 65	birthday) Months	Deys Hours Min.
	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & Stete, or foreig	n country) 12. (CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Dealer	Machinery	Kent Co.	Md.	Ţ	J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
GeorgeNorman Cod	oper	Sarah Ca	therine	Wood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?			01101110	Address	
(Yes, no, or unkown) (If yes give we roudates of service)		rgaret Har	ris Coop	er Ches	stertown, Md
18. CAUSE OF DEATH [Enter only ona cause p	er line for (e), (b), end (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	oronary Ing	coret			ONSET AND DEATH
420.) DUE TO	1	71. 91			
Conditions, if eny, which	ly teriosclevo	525			10 years
geve risa to immediate couse					1 1 1
(a), stering the underlying					
	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY
CATIO					PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of it	em 1B.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) While Not While at work et work					
21. I certify that (I) (this hospital) att	ended the deceased from	January 1	19.60, 10 Dec	anden 15 , 1	96.1., that (I) (we) last
saw the deceased alive on Decembra	15 1961, and that	death occured at.		causes and on	the date stated above.
22e. SIGNATURE				TAFF	22b. DATE
	acoide M	.D. PHYS.		YS.	12-16 - 6
22c. PHYSICIAN'S NAME (Type) A.C. D	ick	22d. ADDRESS	restert	own,	Md
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	N (City, town or cou	inty) (Stete)
Burial Specify) 12/17/61	Chester Ce	emetery	Chest	ertown,	Md.
24/ TUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. RE	C'D BY REGISTRAR	1	
Marin V. Williams	Chestertown,	3.63	DEC 1 9 '61		8. Trans
		DATE	Dro 1		

Cornwary Ispant A. Halandrees B.C. D.CK

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Kent Marvland Kent MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL end give neerest town) Chestertown Rock Hall Thour 10 min d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Kent & Queen Anne's Spring Cove YES NO 3. NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print Joseph Allen Eugene DEATH December Downey 11 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR *IF UNDER 24 HRS* lest birthdey) Male DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Factory Worker Food 13. FATHER'S NAME John Wesley Downey Hynson Mary Ellen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give we ror detes of service) Mrs. Eva Lee -- Chestertown. Maryland 1B. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pulmonary edema and 2nd & 3rd degree burns the total body area 2hr 15 min He was thought to have been drinking. He was found in a burning room lying in bed. He was removed 8 P.M. geve rise to immediate cause died in Kent & Queen Anne Hosp, about 2 hours later. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY NO X 200. EXTERNAL CAUSE WAS PRIMARE OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) CAUSE OF DEATH. See above Month, Day, Year 20d. INJURY OCCURRED 1-20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) Not While fectory, street, office bldg., etc.) et work el work home Rock Hall. Kent Md . 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry and in my opinion Accident X Suicide Undetermined manner death resulted from: Natural causes Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Robert W. Farr, M. D. 12/12/61 NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOI (Stete)



PASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

OFIUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contains the place of the place of

O O O O O O

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14006

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. STATE b. COUNTY
Kent MARYLAND	Maryland Kent
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	in.37 Chestertown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	id. STREET ADDRESS e. IS RESIDENCE
Ment & Queen Anne's Hospital	202 College Avenue
B. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Hansford U. (Gleaves OF DEATH 12 31 1961
	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Negre WIDOWED TO DIVORCED	11/15/92 lest birthdey) Months Deys Hours Min.
On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Laborer Poultry farm Poultry	Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Gleaves	Mary Hester Riley
	Rurald Kennedyville Md.
Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Hewter Gleaves, sister
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	hopuemonia 2W22
1 21 (n 1 × 4	- Comment
DUE TO	
Conditions, if any, which (b)	
(e), stelling the underlying DUE TO	
cause lest. (c)	The state of the s
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
passery curhery flory	YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DASSIFUE CITCLES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 2Do. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert t or Pert II of item 1B.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While tect	tory, street, office bldg., etc.)
	1-31 19\$1, to 12-31 19 that (1) (we) las
	death occured atM, from the causes and on the date stated above
22e, SIGNATURE	22b. DATE
1 VA V h/L/L.	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Robert W.Farr	Chestertown Md.
	OR CREMATORY 23d, LOCATION (City, town or gounty) (Stete)
Descal Jan 4/962 Miles Hit	Wilming Renal Galery med.
24 FUNERAL DIRECTOR'S SIGNATURE , ADDRESS	ZSJ. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Carred Vellow millingen	DATEJAN 5 '62 hung & through
The state of the s	A. I Make

7 7 7 7.06% despressions of the state of th Istigaci tenaA deeugla John 0740 0146 5)/52 11 pastyred to trainer tend trainer marcal and the second and the second and the front a contraction 10 - ml 12 - m 1 - 1 - 1 A CONTRACTOR OF THE PARTY OF TH AND STADISTICS OF THE STATE OF THE . LEWIS . . .5

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14039 CERTIFICATE OF DEATH

14039	CERTIFICAT	E OF DEATH	1	4009			
i. PLACE OF DEATH a. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission e. STATE Maryland b. COUNTY Kent					
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Rural - Chester	town 5 years		f outside corporete limits, write RURAL end 1 Chestertown	give neerest town)			
d. NAME OF HOSPITAL OR INSTITUTION (if ${f RFD}$	nol in hospitel, give streel eddress)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF First DECEASED (Type or print) Sarah	Johnson 2	Last Last Last	4. DATE OF 12/22/61	Dey Yeer 19			
1	WIDOWEDXX DIVORCED	B. DATE OF BIRTH Jan. 10, 1	L886 75 yrs.	eys Hours Min.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired housewife	106. KIND OF BUSINESS OR INDUST	Virgin	nia U	SA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Salas Redd			ınknown				
15. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, no, or unkown) (Ifyes give wer or dates of second		Isham John	nson Chestertown	, Md. RFD			
18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH			
Conditions, if any, which geve rise to immediate cause (a), stating the underlying	Pneumor	ita		36 Hrs.			
couse lest. (c) PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED? YES NO			
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in	Parl I or Pert II of item 18.)				
20c. TIME OF INJURY Month, Dey, Yeel Hour a.m.	While Not While fa	LACE OF INJURY (Homa, fern ectory, street, office bldg., etc	.)				
21. I certify that (I) (this hospite saw the deceased alive on Dec	al) attended the deceased from 22 161, and the	Dec. 21	196.1 toDec22, 19.6 PM, from the causes and on the	6.1, that (I) (we) lane date stated above			
22e. SIGNATURE ENGINE	PS. to.	M.D. ATTENDING PHYS.	STAFF	/24/61 DATE SIGNE			
22c. PHYSICIAN'S NAME (Type) Eugene Ko			Hall, Maryland				
23a. BURIAL, CREMATION, 23b. DATE THER REMOVAL (Specify) 12/26/		metery	near Chesterto	wn, Md.			
24 SUNERAY DIRECTOR'S SIGNATURE	Chesterto	wn, Md.	2 9 361 C thing & Ha	SIGNATURE			

6 or tides. I for small tree to the leave to describe the arrive Forward walley

FOR STATE HEALTH DEET 1. PLACE OF DEATH any delay is necessary, funeral director. Page a retained for your files. the State Board of Health. a. COUNTY Kens b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) Rural, Worton . Md. may be retained 2 with the State I nouts after death. 3. NAME OF DECEASED (Typa or print) Annie should be executed within 24 hours after overing, in pencil in Item 18. Give Pages 1, 2, and 3 and 5. Office along with form PM3. Page 5 may be a burial-transit permit. File pages 1 and 2 with 1 and 2 within 72 hours after Female. white 10e. USUAL OCCUPATION (Give kind of work dona during most of working life, aven if retired) housewife 13. FATHER'S NAME Giser August IMMEDIATE CAUSE (a) DUE TO gave rise to immadiata cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a ris designated agent, prior to burial, cremation, or ref 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar ACTUAL SIGNATURE PUTY 22a. BURIAL, CREMATION, 22b. DATE THEREOF Burial (Specify) 940 23. EXINERAL DIRECTOR VS. A15ME Williams, Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution a, STATEMaryland b. COUNTY Kent MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 35 yrs Worton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? R. D. Middle 4. DATE R. Mason DEATH 24 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Sept. 29.1869 WIDOWED X DIVORCED [10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? homemaking Worton, Kent Co., Md. 14. MOTHER'S MAIDEN NAME Alfonzo Rogers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. Hope H. Dill, Worton, Md. none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH Probable Coronary Thrombosis known Coronary arterio sclerosis Deceased had not been well for a number of years & (a), stelling the underlying appeared to be no worse when she went to bed nite of 12/23/ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 61 She was found dead in bed the morning of 12/24/61. PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) see above 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form, ! (County) (Stele) fectory, streat, offica bldg., atc.) Not While 12/24 19 61 at work at work x 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X and in my opinion death resulted from: Natural causes Y. Accident . Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER DATE SIGNED 12/26/61 DEPUTY MEDICAL EXAMINER EXAMINER'S Robert W. Farr, M. D. Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)

Chester Cemetery

Chestertown, Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

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	glarie for ell sum a revilles med luc al the last grove espec	monary er er Recesse, Er () red to by na :	
	45/5/31/00/06/00		
		avoda see	
			12/24
		2000	
10/22/21		k = 4 {	A DESCRIPTION OF THE PARTY OF T
Do Street in	elighent la vasor	v-v-timito : 1	12/2/
	Very Landau (Sauth)	e trope from the left to	mare Erak Takens

VR A15 (4) 15M 9/60 DI BCF OF DEBTH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14041 CERTIFICATE OF DEATH

E OF DEATH 14009

1	Kent MARYLAND	». STATE Maryland	b. COUNTY Kent					
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete I	mits, write RURAL and give nearest town)					
	rural - Chestertown lifetime	Rural Cheste	ertown					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) At Home - rural Chestertown . Md	d. STREET ADDRESS Rural	IS RESIDENCE ON A FARM? YES X NO					
3.	NAME OF First Middle	Lest 4. DATE	Month Day Yeer					
	DECEASED (Type or print) Harry R. Nicols	OF DEATH	12/19/61 19					
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X		(In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.					
10	male white widowed Divorced	1/21/1884 77	Dirthdey) Months Deys Hours Min.					
d	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Farmer owner	II. BIRTHPLACE (County & Stele, or foreign Kent CO. Marylar	TICA					
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Henry Nicols	Emma Blackis	ton					
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II.	NFORMANT	Address					
		iss Bessie Nicols	- Chestertown, Md.					
	18. CAUSE OF DEATH [Enter only one ceuse per fine for [a], (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) UMMORATY	Edema	ONSET AND DEATH					
	422.1 DUE TO COLO 11 days							
	Gonditions, if eny, which (b) Well V Well Co							
	(a), steting the underlying DUE TO	'						
	ceusa lesi. (c) UMUM accent	SUA						
ON ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE COND	TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
CAT	arsbral and	low sellinson (seen	WE YES NO					
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURYOCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Pert I or Pert II of ite	m 18.)					
MEDICAL		CE OF INJURY (Home, ferm, 20f. (City or to ry, street, office bldg., etc.)	wn) (County) (State)					
-	21. I certify that (I) (this hospital) attended the deceased from.,	Jeff 1 1956, to De	2.19, 1961., that (1) (we) last					
	6)							
	saw the deceased alive on ASC. 18	dealli occured al, irolli lile	22b. DATE					
	Morale Viter	PINE TO PINESTON DI	AFF 12/20/C1 SIGNED					
	NAME (Type) Norbert C. Nitsch	Rock Hall	, Maryland					
23	REMOVAL (Specify) 12/22/61 23c. NAME OF CEMETERY CONTROL OF ST. Paul Control of CEMETERY CONTROL OF CEME	or crematory 23d. Location near -	(City, town or county) (Stete) Chestertown, Maryla					
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		25b. REGISTRAR'S SIGNATURE					
	J. Willis Wello Chestertown		Other & King					

6.31 Compression of the contract of Later the course will be the same of the TIME LOOK OF SECTION Summer Counces In Section 1995 The Ball Co. No. 1995 East The state of the s and the measure extince Topos Miles Co. A STATE OF THE STA Former B. Stephen COUNTY OF THE CENTER HOLD TO SEE A SECONDARY OF THE CASE OF THE CA

1. PLACE OF DEATH

Kent

a. COUNTY

law requires that the death certificate be executed within 24 hours after filled in by Pages Ü physician and attending physician. as been signed by the the burial-transit

may be retained by the DIRECTOR: After this 3 should be detached for FUNERAL VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14042

MARYLAND

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Kent Maryland b. COUNTY

1 _	write RURAL a	nd give naarast town) Chesterto	Severa	TAY IN IS	RFD	Cheste		(Fairl	
		Fairlee)	Chestertow		d. STREET ADD	DRESS			o. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Mar		le	Sisco	4. DATE OF DEATH	Dec.	28, 19	
	emale	colored	4545		Nov. 10,		. AGE (In years last birthday) 55 yrs.	Months Days	Hours Min.
10a dor	e during most of v	ATION (Giva kind of work working life, avan if ratire Sewife	t 10b. KIND OF BUSINES:	S OR INDUSTR		Co. Md.	foreign country	USA	OF WHAT COUNTRY
13.	FATHER'S NAME	Thomas Par	ker		14. MOTHER'S MA		sty		
(Ya		VER IN U.S. ARMED FOI (Ifyesgivawarordatasof:		E (nformant ina Mill	er - Che	Addres esterto	own, Md	.(Fairle
		THE WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		nd (c).)				11	Short
	Conditions, if e gave rise to imme (a), stating the couse last.	ny, which (b)						a a	
CERTIFICATION	PART II. OTH	*	TIONS CONTRIBUTING TO D	DEATH BUT NO	T RELATED TO THE	TERMINAL DISEASE	CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NOXX
CERTIFIC	OR CONTRIBUTION	WAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE HOW INJU	JRY OCCURED.	(Entar natura of inj	ury In Part I or Part I	l of itam 18.)		
MEDICAL	20c. TIME OF IN Hour a.m		While Not While at work		CE OF INJURY (Homory, streat, offica bld	g., etc.)		(County)	(Stata)
		that (I) (this hospi	tal) attended the dece						that (I) (we) las

12/29/61 DATE SIGNE ATTENDING KK 22a. SIGNATURE SIGNED MED. STAFF PHYS. DIRECTOR T

22c. PHYSICIAN'S Eugahe Kester NAME (Typa)

1961

Rock Hall, Md.

23d. LOCATION (City, town or county) Cem. near Chestertown, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chilling S. Thous

24 FUNERAL DIRECTOR'S, SIGNATURE

Chestertown, Md.

NAME OF CEMETERY OR CREMATORY

Fairlee (col)

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Dec. 30,

